

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MNA118028927**

Date In: <b>11/3/18-12:19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC003955/24</b>	SAS e-filing		
Veh No: <b>5R38700</b>	E-mail (within 5hrs, AIG 2hrs)		
D.O.A: <b>28/2/18-10:30</b>	i-Motor Claim Form	<b>M/10984209</b>	<b>11/3/18 13:44</b>
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>FGF6645U</b>	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel:	( )
Policy No: (	)	Period: (	)
		Cover Type: (	)
Confirmed by: (		Date:	Time: (
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%]			
Year of Registration: ( ) Warranty: YES ( ) / NO ( )			
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )			

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:-	(INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

**Injury:** \_\_\_\_\_

Date/Time	Actions

<b>NA 1801320</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) In Bill	Am't (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>QC Checked by (Engr-In-Charge):</b>	TP (N11): TP (Non INC) against INC \$20		
<b>Auditors' Comments:-</b>	9) N12: Idac Mobile 30		
<b>Pat. 1:</b>	Invoice dated	Fee Charged	
<b>Pat. 2 / 3:</b>	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	01/03/2018 12:19
Date Of Accident	28/02/2018 10:30
Exact Location Of Accident	JUNC BUKIT BATOK CENTRAL & BUKIT BATOK AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2870D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97547573
Alternative Phone No	OFFICE-97547573

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA HYBRID 2.4X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5083190948-01
Cover Note Number	

### Driver

Name of Driver	NG CHENG KIAT
NRIC No	S1780982B
Date Of Birth	12/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	30/10/1986
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94889059
Fax Number	
Contact Number	OFFICE-94889059
EMail Address	NOEMAIL

Address	BLK 662 HOUGANG AVENUE 4 #02-397
Postcode	530662
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180228/2161.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

#### Details of Witness 1

Name	ALVIN
Phone Number	97630394
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF6645U
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

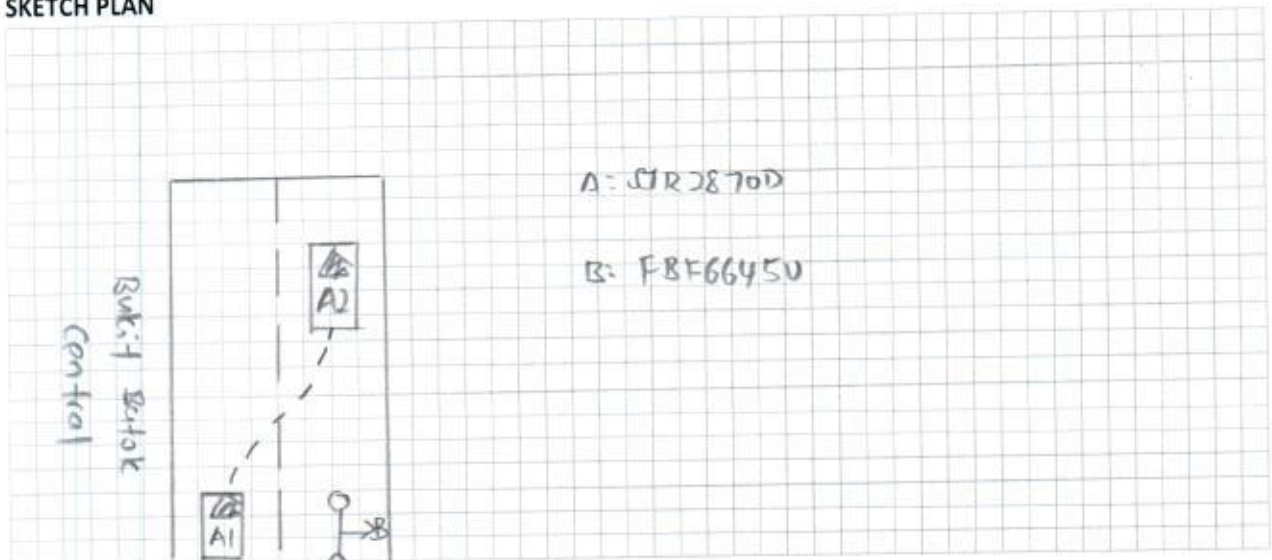


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2018 0228/2161.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180228/2161

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20180228/2161

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/02/2018 22:24	Vide Report No.:	Station Diary No.: 150
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**Informant's Particulars**

Name of Informant: NG CHENG KIAT	Address: APT BLK 662 HOUGANG AVENUE 4 #02-397 SINGAPORE 530662		
ID Type / ID No.: NRIC NO / S1780982B	Contact No.:	Mobile: 94889059	
Nationality: SINGAPORE CITIZEN	Home/Office:		
	Email:		
Sex: Male	Age: 52	Date of Birth: 12/02/1966	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: UBER DRIVER	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/02/2018 10:30	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK AVENUE 1				
Towards Jurong East Central				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF6645U	Motorcycle					0
SJR2870D	Car	TOYOTA	Estima	Silver	Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20180228/2161

2 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20180228/2161

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NG CHENG KIAT	ID No.	S1780982B
Related Vehicle	SJR2870D (Car)	Contact No.	94889059
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 28/02/2018 at about 1030hrs, I was driving along Bukit Batok Avenue 1 in my car SJR2870D with a passenger. My passenger told me to turn right. I checked and everything was clear. I turned it. Suddenly I heard a horn. I did not turn in and stayed in my lane.

A motorcyclist FBF6645U came over and knocked on my window. I wind down. He shouted at me saying that I did not signal when I wanted to turn in. I apologized. He was still not satisfied and asked me to stop. However I ignored. I drove away.

Suddenly he sped past on my left side and hit my side mirror till it fall off. He did not stop after that I did not managed to get his particulars. Nobody was injured.

My passenger Alvin 97630394 witness the whole incident.





**SINGAPORE  
POLICE FORCE**



T/20180228/2161

3 of 3

Report No. T/20180228/2161

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt MUHAMMAD SABRIL AMIN BIN  
SURAMIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SSI GOH GEOK LYE

Contact No.: 65476148

Signature Of Informant:

Date/Time:

28/02/2018 22:24

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

SN 085

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1780982B**

Name: **NG CHENG KIAT**

Birth Date: **12 Feb 1966**

Issue Date: **26 Nov 2003**

001021393C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1780982B**

Name: **NG CHENG KIAT**

Race: **黄清吉**

Race: **CHINESE**

Date of birth: **12-02-1966**

Sex: **M**

Country of birth: **SINGAPORE**






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	CLASS	VEHICLE CLASS	VALID DATE
1B	Motorcycles not exceeding 200 cc	24 Nov 2003	
2A	Motorcycles between 201 cc and 400 cc	24 Nov 1988	
3A	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Oct 1986	

10 42 0A

License No: **S1780982B**



28124

4748020

Barcode

NRIC No: **S1780982B**

Date of issue: **21-07-2011**

Address: **APT BLK 662 HOUGANG AVENUE 4 #02-397 SINGAPORE 530662**





eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083190948-01	KENT AUTO SERVICES	52974332M	GFT	drive CLASSIC	SJR2870D	SJR2870D	17/08/2017	

## ▼ Policy Information

Policy No.	5083190948-01	Policyholder Name	KENT AUTO SERVICES	Policyholder NRIC	52974332M
Address	2 KAKI BUKIT AVENUE 2 #01-21 KAKI BUKIT AUTOHUB SINGAPORE 417921				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/08/2017	Effective Date	17/08/2017 00:00	Expiry Date	16/08/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5097028160		

## ► Insured Object: SJR2870D

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	15/01/2018 00:00	Basic Information Endorsement	000001286736025	Endorsement Take Effective	Memo C  Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJU9156X 02-02-2018 \$976.78 In view of this amendment, an additional premium of \$976.78 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	02/02/2018 00:00	Basic Information Endorsement	000001286749240	Endorsement Take Effective	

Continue

Cancel



## Claim Handling

Exit

Accident MT/0984209

Policy No.	5063190948-01	Vehicle No.	SJR2870D	GST Registration No.	
Policyholder Name	KENT AUTO SERVICES			Policyholder NRIC	52974332M
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97547573	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		#Code	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	#Code Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	01/03/2018 13:42	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	28/02/2018	Time of Accident h:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC BUKIT BATOK CENTRAL & BUKIT BATOK AVE 1				
<b>Benefits</b>					
Coverage		Sum Insured	3000		
Accessory					
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5097028150		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG CHENG KIAT	Driver NRIC	S17B0982B	Driver DOB	12/02/1966
Register Date of Driver License	30/10/1996	Driver Age	52	Driving Experience	31
Contact No.(Mobile)	94869059	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 662	Address 2	HOUANG AVENUE 4	Address 3	SINGAPORE 620663
Address 4		Address Type	Singapore address	Post Code	530662
Unit No.	02-397				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KENT AUTO SERVICES	Insured NRIC	52974332M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SJR2870D	TP Vehicle Number	FBF5645U
Claim Description	SJR2870D / FBF5645U ON 28 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/03/2018 13:44	Claim Close Date		Date Received	01/03/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0984209	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/03/2018 13:45
Path *			
	Browse...	Category *	Confidential
	Browse...	Urgency *	Description *
	Browse...		
	Browse...		
	Browse...		
	Browse...		
	Browse...		
	Browse...		

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Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	SAS	Normal	SAS 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 13:45	Photos	Normal	Photos 2018-3-1		<a href="#">Edit</a>

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